# HEALTH CARE OPERATIONS MANAGEMENT

A Systems Perspective

#### James R. Langabeer II, MBA, PhD

Professor, Health Informatics, Management, and Emergency Medicine The University of Texas Health Science Center Houston, TX

# Jeffrey Helton, PhD, CMA, CFE, FHFMA

Assistant Professor, Health Care Management College of Professional Studies Metropolitan State University of Denver Denver, CO



World Headquarters
Jones & Bartlett Learning
5 Wall Street
Burlington, MA 01803
978-443-5000
info@jblearning.com
www.jblearning.com

Jones & Bartlett Learning books and products are available through most bookstores and online booksellers. To contact Jones & Bartlett Learning directly, call 800-832-0034, fax 978-443-8000, or visit our website, www.jblearning.com.

Substantial discounts on bulk quantities of Jones & Bartlett Learning publications are available to corporations, professional associations, and other qualified organizations. For details and specific discount information, contact the special sales department at Jones & Bartlett Learning via the above contact information or send an email to specialsales@jblearning.com.

Copyright © 2016 by Jones & Bartlett Learning, LLC, an Ascend Learning Company

All rights reserved. No part of the material protected by this copyright may be reproduced or utilized in any form, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without written permission from the copyright owner.

The content, statements, views, and opinions herein are the sole expression of the respective authors and not that of Jones & Bartlett Learning, LLC. Reference herein to any specific commercial product, process, or service by trade name, trademark, manufacturer, or otherwise does not constitute or imply its endorsement or recommendation by Jones & Bartlett Learning, LLC and such reference shall not be used for advertising or product endorsement purposes. All trademarks displayed are the trademarks of the parties noted herein. *Health Care Operations Management: A Systems Perspective, Second Edition* is an independent publication and has not been authorized, sponsored, or otherwise approved by the owners of the trademarks or service marks referenced in this product.

There may be images in this book that feature models; these models do not necessarily endorse, represent, or participate in the activities represented in the images. Any screenshots in this product are for educational and instructive purposes only. Any individuals and scenarios featured in the case studies throughout this product may be real or fictitious, but are used for instructional purposes only.

This publication is designed to provide accurate and authoritative information in regard to the Subject Matter covered. It is sold with the understanding that the publisher is not engaged in rendering legal, accounting, or other professional service. If legal advice or other expert assistance is required, the service of a competent professional person should be sought.

#### **Production Credits**

VP, Executive Publisher: David Cella Publisher: Michael Brown Associate Editor: Lindsey Mawhiney Editorial Assistant: Nicholas Alakel Production Manager: Tracey McCrea Senior Marketing Manager: Sophie Fleck Teague Art Development Editor: Joanna Lundeen Art Development Assistant: Shannon Sheehan Manufacturing and Inventory Control Supervisor:

Amy Bacus

Composition: Cenveo Publisher Services

Cover Design: Kristin E. Parker

Manager of Photo Research, Rights & Permissions:

Lauren Miller

Cover Image: © Steve Design/ShutterStock, Inc. Printing and Binding: Edwards Brothers Malloy Cover Printing: Edwards Brothers Malloy

#### Library of Congress Cataloging-in-Publication Data

Langabeer, James R., 1969-, author.

Health care operations management : a systems perspective / James R. Langabeer,

Jeffrey Helton.—Second edition.

p.; cm.

Includes bibliographical references and index.

ISBN 978-1-284-05006-6

I. Helton, Jeffrey, 1961-, author. II. Title.

[DNLM: 1. Hospital Administration—methods. 2. Efficiency,

Organizational. WX 157.1]

RA971.3

362.11068-dc23

2014033878

6048

Printed in the United States of America

19 18 17 16 15 10 9 8 7 6 5 4 3 2 1

## About the Authors

#### James R. Langabeer II, PhD, MBA

Dr. James Langabeer is a professor of informatics, health care management, and emergency medicine at the University of Texas School of Public Health at Houston. He has spent most of his career focused on quality improvement and information technology in hospitals and health care. His career has involved hospital executive administration, information technology startups, management consulting, and health



Courtesy of James Langabeer II, PhD, MBA

care research and teaching. Dr. Langabeer was the founding chief executive officer of Greater Houston Healthconnect (the regional health information network serving Southeast Texas) and helped move the organization from concept to reality. He was the executive vice president of a technology and consulting firm based in Boston that was widely touted as "best of class" in thought leadership on predictive modeling and business intelligence. He has lived and/or worked extensively in Boston, London, Paris, Rotterdam, and Tel Aviv, as well as Houston. He has served on the faculties of the University of Texas, Boston University, and Baylor College of Medicine.

Dr. Langabeer has served as principal investigator on many national research projects. He has been funded by the American Heart Association, the U.S. Centers for Disease Control, Health and Human Services, and many other agencies and foundations. He has more than 85 publications that can be found in some of the highest-rated management and clinical journals such as the *Journal of Emergency Medicine, American Heart Journal, Pediatrics, Health Care Management Review, Quality Management in Health Care*, and *Health Care Management Science*.

Dr. Langabeer earned his PhD from the University of Lancaster in England in management science, an EdD in leadership from the University of Houston, and an MBA from Baylor University. He is also an Emergency Medical Technician with Advanced Cardiac Life Support certifications, a Certified Management Accountant, and a Fellow in the Healthcare Information and Management Systems Society.

#### Jeffrey Helton, PhD, CMA, CFE, FHFMA

Dr. Jeffrey Helton is an assistant professor of health care management at Metropolitan State University of Denver. He also holds an adjunct faculty appointment in health care management at The George Washington University and in health informatics at the University of Denver and health informatics at the University of Texas School of Biomedical Informatics. The majority of his career has been spent as Courtesy of Jeffrey Helton



chief financial officer for several health care systems across the United States, where he led several turnarounds of organizations previously in bankruptcy or receivership. During his career as a financial executive, he identified several operational challenges in hospitals and health plans that required development of staffing standards, labor management processes, and internal financial controls to restore financial stability to organizations. He has since supported other health care organization turnarounds as a consultant, assisting in the analysis of labor costs and development of labor control programs.

As a part of his consulting work, Dr. Helton has also served as chief financial officer of the Disaster Housing Assistance Program on behalf of families displaced from their homes as a result of Hurricanes Katrina and Ike. As custodian for more than a quarter billion dollars in federal funds, he became a Certified Fraud Examiner and provided fraud prevention assistance to the agencies assisting victims of these natural disasters. He has also used his background in fraud detection to assist several health care organizations in developing fraud prevention and detection programs and has provided material support to many health care fraud prosecutions, resulting in multiple millions of dollars in recovered fraud losses.

Dr. Helton is a Fellow of the Healthcare Financial Management Association, where he serves on its board of examiners. He also volunteers his financial management expertise to the Association of University Programs in Health Administration, where he serves on its finance committee and as treasurer of the Health Care Management Division of the Academy of Management and a member of the finance committee of the Colorado Association of USA Track and Field. He is a Certified Fraud Examiner and a member of the board of advisors for the Association of Certified Fraud Examiners. Dr. Helton is also a Certified Management Accountant.

Dr. Helton earned his PhD in public health management from the University of Texas School of Public Health, an MS in hospital and health administration from the University of Alabama at Birmingham, and a BS in business administration from Eastern Kentucky University. He is a journal article reviewer for *Healthcare Financial Management, Journal of Healthcare Management, Social Science and Medicine*, and *Journal of Public Health Management and Practice*.

# Table of Contents

	List of Figures and Tables	xvii
	New to the Second Edition	xxi
	Preface	xxv
PART I	Operations, Systems, and Financial Manageme	nt 1
Chapter 1	Health Care Operations and Systems Managem	ient 3
	The Role of Health Care Operations Managemen	ıt3
	Key Functions of Health Care Operations	
	Management	6
	The Need for Operations Management	8
	Goals of the Operations Manager	8
	Competitive Advantage of Operations	12
	Factors Driving Increased Health Care Costs	13
	Learning from Other Industries	
	Principles of Management	16
	The Scientific and Mathematical Schools of	
	Management	17
	Management Decision Making	
	Power and Decision Making in Health Care	
	The Role of Technology	
	Trends in Operations Management	25
	Chapter Summary	
	Key Terms	
	Discussion Questions	29
	Exercise Problems	
	References	20

vii

#### viii Table of Contents

Health Care Marketplace	33
Hospitals Are Big Business	34
What Is a Hospital?	35
Teaching Hospitals	38
Hospital Policies and Regulations	43
·	
Health Care Finance for the Operations Manage	r 47
*	
•	
	69
- · · · · · · · · · · · · · · · · · · ·	
·	
Quality and Productivity Management	73
Quality Management	75
Choices for Operations Management: Tools and	
	76
<u>-</u>	
Process Maps	78
	Health Care Marketplace

	Process improvement Methodology	/>
	Improving Service Quality	
	Quality and Lean Processes	
	Six Sigma Versus Lean Comparison	
	Key Questions to Promote Dramatic Changes	
	Chapter Summary	
	Key Terms	
	Discussion Questions	
	References	
Chapter 5	Operations Research Methods	97
	Operations Research	
	Management Decision Making	99
	A Brief History of Operations Research	100
	Operations Research Applied to Health Care	101
	Operations Research Applications	103
	De-bottlenecking	105
	Forecasting Patient Demand and Volumes	
	Basic Principles of Forecasting	112
	Capacity Analysis	
	Capacity Planning: Aligning Capacity	
	with Demand	117
	Minimizing Wait Times	118
	Time and Motion Studies	123
	Improving Flows with Tracking Systems	125
	Bar Codes	126
	Radio Frequency Identification	128
	Chapter Summary	131
	Key Terms	132
	Discussion Questions	132
	Exercise Problems	133
	References	133
Chapter 6	Productivity and Performance Management	137
	The Quest for Productivity	138
	Measurement Issues	139
	Single Versus Multiple Factors	140
	Common Hospital-Wide Productivity Metrics	142

#### **X** TABLE OF CONTENTS

	Improving Productivity	143
	Principles of Productivity Management	146
	Return on Investment: Capital Versus	
	Labor Substitutions	148
	Staffing and Labor Scheduling Models	149
	Basics of Labor Hour Management	150
	Productivity and Performance Scorecard	158
	Chapter Summary	159
	Key Terms	160
	Discussion Questions	
	Exercise Problems	161
	References	161
Chapter 7	Operational Metrics in Health Care	
•	Organizations	163
	Input Measures for Operating Metrics	164
	Sources of Data for Operational Metrics	166
	Output Measures	169
	Common Operating Metrics	
	Other Operational Metrics	
	Using Operational Metrics	
	Chapter Summary	
	Key Terms	
	Discussion Questions	
	References	
Chapter 8	Basics of Project Management	181
•	Defining Projects	
	Power, Influence, and Project Management	
	Project Success	
	Key Phases of Project Management	
	Change Management	
	Rapid Prototyping	
	Risks Involved in Project Management	
	Departments of Performance Improvement	
	Chapter Summary	
	Key Terms	
		-

	Discussion Questions	196
	Exercise Problems	
	References	197
Chapter 9	Operational Planning	. 199
-	Why Plan?	
	The Planning Process	200
	Analyze Operations and Environment	201
	Generate Strategic Alternatives	
	Breakeven Analysis	212
	Implement, Measure, and Revise	
	Chapter Summary	215
	Key Terms	
	Discussion Questions	216
	Exercise Problems	216
	References	217
Chapter 10	Return on Investment Analysis	. 219
-	Lack of Capital Investment Models in Health Care	220
	The Politics of Capital Investment	221
	Recommendations for Implementing a Capital	
	Investment Approach	221
	Validating Return on Investment at	
	Multiple Stages	226
	Calculating Return on Investment	
	Time Value of Money	
	Calculating Multiple Cash Flows	232
	Other Return on Investment Techniques	233
	Chapter Summary	236
	Key Terms	237
	Discussion Questions	237
	Exercise Problems	237
	References	238
PART III	Supply Chain Management	. 239
Chapter 11	Supply Chain Management	
	Defining Supply Chains	241
	Process Flows in Supply Chain	244

Components in the Chain	.244
Business Processes in the Supply Chain	.247
Supply Chain Strategy for Hospitals and	
Health Care	.248
Patient (Customer) Demand Drives Supply Chains	.249
Demand Chains	.250
Principles of Supply Chain Management	.251
Strategy and Logistics Capabilities	.252
Efficient Versus Responsive Supply Chain	
Management Strategy	.253
Reverse Logistics	.257
Supply Chain Information Systems	.258
Evolution of Supply Chain Technology	.260
Recommendations for Supply Chain	
Management Technology	.264
Supply Chain Collaboration	.265
Sales and Operations Planning	.265
Objectives of Sales and Operations Planning	.266
The Basic Sales and Operations Planning Process	.267
Collaborative Planning, Forecasting,	
and Replenishment	.271
Objectives of Collaborative Planning,	
Forecasting, and Replenishment	.271
Collaborative Planning, Forecasting, and	
Replenishment Guidelines	.272
Collaboration Performance Metrics	.273
Chapter Summary	.273
Key Terms	.274
Discussion Questions	.275
References	.275
- 4	
-	
•	
Purchasing	.293
	Health Care Patient (Customer) Demand Drives Supply Chains Demand Chains Principles of Supply Chain Management Strategy and Logistics Capabilities Efficient Versus Responsive Supply Chain Management Strategy Reverse Logistics Supply Chain Information Systems Evolution of Supply Chain Technology Recommendations for Supply Chain Management Technology Supply Chain Collaboration Sales and Operations Planning Objectives of Sales and Operations Planning Process Collaborative Planning, Forecasting, and Replenishment Objectives of Collaborative Planning, Forecasting, and Replenishment

	Purchasing Internal Controls	299
	Spend or Value Analysis	301
	Group Purchasing Organizations	304
	Trends in Hospital Purchasing	306
	Resources for Materials Professionals	308
	Customer Service in Materials Management	309
	Laundry and Linen	311
	Chapter Summary	314
	Key Terms	
	Discussion Questions	
	References	
Chapter 13	Inventory Management and Accounting	317
•	Inventory and Its Role in Health Care	
	The Costs of Supplies and Inventory	320
	Differences Between Supply Expense	
	and Inventory	322
	Effect of Timing on Expenses	
	Important Facts About Inventory	
	Criteria for Inventory	
	Valuation Methods	325
	Lower of Cost or Market	329
	Periodic Versus Perpetual Systems	329
	Accounting Entries for Supply and Inventory	
	Inventory Errors	
	Inventory Ratios	
	Other Inventory Calculations	
	Limitations of Inventory Ratios	
	Inventory Policies and Procedures	
	Inventory Planning	
	Inventory Audit	
	Inventory Management Expectations	
	Chapter Summary	
	Key Terms	
	Discussion Questions	
	Exercise Problems	
	References	

Chapter 14	Forecasting and Supply Chain	
_	Management Systems	355
	Items and Attributes	355
	Data Hierarchies	357
	The Need for Standards	358
	United Nations Standard Products and	
	Services Code	360
	Item Masters in the Enterprise Resource	
	Planning System	361
	Enterprise Resource Planning Systems	
	The Item Life Cycle	
	Product Usage Patterns	
	Chapter Summary	
	Key Terms	
	Discussion Questions	
	Exercise Problems	374
	References	374
Chapter 15	Operations Management in the	
•	Hospital Pharmacy	375
	The Modern Pharmacy	
	The Pharmaceutical Supply Chain	
	Managing Items Using the National Drug Code	
	Process Workflow and Automation in	
	the Pharmacy	381
	Key Operations Management Trends	
	for Pharmacies	383
	Effect on Pharmacy Performance	
	Chapter Summary	
	Key Terms	
	Discussion Questions	
	References	
PART IV	Summary	389
Chapter 16	Operations Analysis and Benchmarking	391
	Operations Analysis	
	Benchmarking	
	<u> </u>	

	Chapter Summary	408
	Key Terms	
	Discussion Questions	
	References	
Chapter 17	Best Practices for Health Care Operations	
-	Management	411
	Best Practices for Successful Operations Managers	
	Achieving Success in Operations Management	419
	Chapter Summary	
	Key Terms	
	Discussion Questions	
	References	421
Appendix A	Major Teaching Hospitals	423
Appendix B	Answers to Selected Chapter	
	Exercise Problems	441
Glossary of T	erms	445
-		

# List of Figures and Tables

#### **Figures**

- P1-1 Operations Management in Health Care
- 1-1 Operations Management Counters the Extrinsic Pressures Deflating Health Care Margins
- 1-2 Variability Creates Chaos and Inefficiency
- 1-3 The Operations Management Process
- 1-4 Controlling Exponential Price Increases in Health Care
- 1-5 Traditional Decision-Making Process
- 2-1 Hospital Breakdown by Ownership Type, 2012
- 2-2 Funding Sources for U.S. Hospitals, 2012
- 3-1 Hospital Industry Economics: Inpatient Supply Falling and Demand Rising (Community Hospitals)
- 3-2 Average Hospital Profit Margins
- 4-1 Operations Management—Tools and Techniques
- 4-2 Example Process Maps
- 4-3 Flowchart Symbols
- 4-4 Process Improvement Methodology
- 4-5 Causes of Errors During Patient Check-In
- 4-6 Statistical Process Control Charts Manage Variability
- 4-7 Sigma Levels and DPMO
- 5-1 Time Line of Significant OR Events
- 5-2 Process De-Bottlenecking
- 5-3 Forecasting Volumes in Excel
- 5-4 Wait Time Simulation Models
- 5-5 Bar Code Symbology
- 5-6 Radio Frequency ID Tags
- 6-1 Trends and Benchmarks in Productivity Management
- 6-2 Operational Productivity and Performance Scorecard
- 8-1 Defining Project Success
- 8-2 Phases of Project Management
- 8-3 Scheduling Projects—Gantt Charts
- 8-4 Nodes in a Network

xvii

#### xviii List of Figures and Tables

- 9-1 The Process of Crafting Operations Strategy
- 9-2 Analyzing Internal Operations Using Radar Diagrams
- 9-3 Breakeven Analysis
- 10-1 IT Portfolio Management
- 10-2 Multiple Points for ROI Analysis in Project Life Cycle
- 10-3 ROI Analysis Tool
- 11-1 Health Care Supply Chain
- 11-2 Cost Behaviors in Logistics
- 11-3 Evolution of SCM Systems
- 12-1 Materials Management Organizational Structure
- 12-2 Layout Impact Costs and Throughput
- 12-3 Cost Minimization Layout Model 2: Construct Node Diagrams and Assess Costs
- 12-4 Cost Minimization Layout Model 3: Apply Minimization Formula and Simulate
- 12-5 Standard Purchasing Methodology
- 12-6 Supplier Evaluation Scorecard
- 12-7 Value/Spend Analysis
- 14-1 Stock-Keeping Unit Categories
- 14-2 The Scope of ERP Systems
- 14-3 Phases in an Item's Life Cycle
- 14-4 Common Item Utilization Patterns
- 15-1 Pharmaceutical Goods Control Hierarchy
- 15-2 Pharmaceutical Value Chain
- 15-3 Manufacturers Winning the Value Battle
- 15-4 Pharmacy National Drug Codes
- 17-1 The Future of Health Care Operations Management
- 17-2 Visibility and Tracking in Health Care Control Centers

#### **Tables**

- 1-1 Key Functions and Issues in Health Care Operations Management
- 1-2 Teachings from Other Industries
- 1-3 Roles and Trends in Health Care Operations Management
- 3-1 Hospital Income Statement
- 3-2 Hospital Balance Sheet
- 3-3 Statement of Cash Flows
- 4-1 Sample Log for Six Sigma
- 4-2 Six Sigma Versus Lean

- 6-1 Single- and Multifactor Productivity Example
- 6-2 Full-Time Equivalent Employee Definitions by Time Period
- 6-3 Commonly Used Department Workload Units
- 7-1 Examples of Sources of Operational Data
- 7-2 Sample Income Statement and Summary Operating Statistics
- 8-1 Elements of a Business Case
- 11-1 The Largest Health Care Distributors
- 11-2 Health Care Organization SCM Strategy
- 11-3 JIT versus STS
- 12-1 Cost Minimization Layout Model 1
- 13-1 Example Purchase and Inventory Data for Hypothetical Hospital
- 13-2 Comparison of Expense Recorded and Ending Inventory Values
- 13-3 Inventory Accounting
- 13-4 Listing of Items in the Inventory at Hometown Hospital
- 13-5 Inventory Listing Sorted by Annual Usage
- 13-6 Assignment of ABC Classifications
- 14-1 Item Master Attributes
- 16-1 Example Operational Analysis Report Format
- 16-2 Example Trended Operational Analysis Format
- 16-3 Examples of External Benchmark Sources
- 16-4 Data Envelopment Analysis Benchmarking Example
- 16-5 Relative Efficiency Comparison from Data Envelopment Analysis
- 16-6 Input Targets Calculated Using Data Envelopment Analysis

# New to the Second Edition

In recent years, there has been a heightened awareness of the effect that efficient and successful management of the health care organization can provide. New federal policies and new payer reimbursement models are just two examples of how the industry is changing. The discipline of health care operations management is key to the success of these changes and to organizations in general. Operations management focuses on improving clinical and administrative processes, streamlining costs, and ensuring high-quality outcomes while optimizing available resources—all of these are critical to organizations that are struggling to compete and survive in an era of constrained reimbursements. The first edition of this book was widely adopted by universities throughout the world, and due to demand and our desire to make operations management current and relevant, it seemed an appropriate time to introduce the second edition. This revision of the book offers an expanded coverage of quality, financial, and systems management.

We would like to thank Jones & Bartlett Learning for their leadership in publishing this second edition. We would also like to thank the thousands of readers and dozens of professors who read the first edition and offered their opinions and insights for revisions. We truly appreciate your help with and continued support of this second edition.

The encouragement of friends and family helped us complete this book, which was quite an undertaking! We would also like to acknowledge the wonderful editorial assistance from Elizabeth Vogler, MA from the University of Texas School of Biomedical Informatics. She was tremendously helpful in organizing chapters and giving all of the material a final read.

xxi

Many changes, improvements, and additions were made in response to valuable comments by readers and users. First, there were several errors in the text and these have all been fixed. Dr. Jeffrey Helton, a significant researcher in health care finance and operations management, was added as a coauthor to the text to provide greater coverage on certain topics. All chapters were made current in terms of statistics and updated references and were edited for the purpose of clarifying some material, correcting a few minor errors, improving language and syntax, and generally updating material. Some chapters were merged and combined, and a few new chapters were created. In all, the second edition contains 17 chapters, which will allow the academic reader to complete one chapter per week during the semester. The more significant changes are encapsulated as follows:

- Chapter 1, "Health Care Operations and Systems Management,"
  was augmented greatly by the addition of sections on management
  decision making. Because the ultimate purpose of operations management tools and methods is to improve decision outcomes, we
  felt it was appropriate to expand the discussion of decision making.
- Chapter 2, "Health Care Marketplace," provides greater detail on current health policies and their effect on the health care environment. There is a discussion of the Affordable Care Act and other relevant federal policies.
- Chapter 3, "Health Care Finance for the Operations Manager," was
  expanded and reworked to include new reimbursement models,
  information on how payers reimburse provider organizations, and
  an examination of how an organization is paid can effect operations
  management.
- Chapter 4, "Quality Management," provides significantly more detail on Six Sigma and Lean methods, which have been continuously increasing in adoption in recent years.
- Chapters 5 and 6 were updated and augmented with additional theory around operations research and practical examples.
- Chapter 7, "Operational Metrics in Health Care Organizations," is a
  new chapter that details the key metrics in operations management.
  These metrics include discussion of full-time equivalent, adjusted
  patient days, and other productivity metrics. Additional details on
  sources of labor data to enhance the accuracy of calculating labor
  management metrics are also included.

- Chapters 8 through 10 were updated and information was consolidated.
- Chapters 11 through 15 represent the supply chain management areas. These chapters were consolidated where needed and also revised and improved. They include greater coverage of forecasting and supply chain management systems.
- Chapter 16 blends a new component focused around operational analysis and benchmarking and provides integrative examples for operations management. Because analysis and comparison of units to others has become so widespread, we felt it important to add sections on how to make proper comparisons.

### **Preface**

Although less than 5% of the American population currently works in a health care system, the overwhelming majority of adults have been a patient or a guest at a hospital, clinic, or physician's office. Of those, while most remember the quality and care given by nurses and physicians, many have left the facility with an overwhelming feeling of disdain for the inefficient and time-consuming business processes. Excessive wait times, lack of coordination among different departments, duplicate entry of personal information in multiple manual forms, unfriendly facilities, and general lack of customer service are typical attributes assigned to health care organizations. Although outcome data suggest that the quality of medical care is improving for most types of illness, the attention to detail in day-to-day operational management has not kept pace.

In a time when hospitals' financial situations are increasingly being called into question, hospitals are now starting to get serious about creating operational efficiencies to become more competitive and financially viable. Do hospitals and clinics exist to make profits? Some do; however, most do not. Either way, if hospitals are to survive dismally poor health care economics, escalating costs, and increasing competitive pressures, they must apply sound business management. This will ensure that hospitals earn the reasonable return on investment necessary to continue to invest in and upgrade buildings, programs, and employees.

A very active debate continues at the national level, primarily focused on health policy research. New programs and policies centered around the concepts of "pay for performance," quality and accreditation, flawed government funding mechanisms, federal and state regulations, publication and sharing of outcome data with the public, and other aspects of the U.S. health care system continue to address structural issues that affect the quality and costs of care in general. In addition, behavioral research into physician judgment and mechanisms to

XXV

encourage elimination of unnecessary tests and treatments will likely change medical education in the future. All of these can help improve the industry's economics and market structure. But, for now, hospitals and systems must continue to look internally at their own operations and management to adapt and thrive in current conditions. Hospitals cannot wait for policy to address the structural issues driving health care costs—they must apply inspired management to improve organizational performance today.

Principles of operations management, whether they focus on productivity or supply chain management, are common in other industries but have yet to really catch on in health care. There has been a reluctance to admit the applicability of business optimization techniques to the health care industry in general. This, coupled with the lack of sophistication and management education on the part of health care managers, limits the ability to fully understand and utilize the concepts, methods, and techniques offered.

Up until about two decades ago, business managers in health care were considered low-level "paper pushers." Senior administrators at most hospitals tended to be clinically trained and did not see as much value in managing business issues as medical ones. Of course, at that time most hospitals were reimbursed fully for all operational costs and capital costs, plus a small margin. With guaranteed profits, there was not a big drive for efficiency and productivity management. Times have changed.

However, most books on health care business management still focus primarily on issues of either governance or finance—both of which are important topics but alone are not comprehensive. Coverage of revenue cycle issues such as reimbursement, patient billing, coding, and collections are well addressed, as are basic accounting and financial reporting topics. Similarly, governance issues such as improving physician relations are well documented. Yet, as important as these topics are, it leaves most of business operations fairly uncovered.

This text focuses on the practical application of operations management techniques in health care organizations, including hospitals, clinics, multiple-hospital systems, and other facilities in an integrated delivery network. For clarity purposes, however, the term *hospital* is widely used in this book, and it refers broadly to any large organizational entity—*hospital* is simply easier to use as the unit of measure than

integrated delivery network, health care system, clinic, or the like. Hospitals remain the predominant hub of the health care system, and they employ the majority of workers and resources, so they make more lucid examples for most concepts illustrated here. The tools and techniques used in this text, however, are just as relevant to other health care facilities.

This book concerns itself primarily with the topics that have not been extensively treated in health care texts, which are the operational components of health care. These include all areas that help hospitals improve productivity, reduce cycle times, measure performance, analyze activities, compare organizations to others, improve cost management, and generally create business value by converting resources into services. Hospital operations management concerns itself with a few key themes, all of which will be covered in this text: productivity analysis, supply chain management, business process and service design, quality management, inventory management, technology and systems, operational planning and scheduling, and performance improvement. All of these are traditional operations research topics that, when applied to hospitals and health care organizations, cover the majority of resource consumption.

This book was written to help practicing executives and administrators, as well as students in undergraduate and graduate health care administration programs, understand the importance of sound operational management by using business strategy and logistics to create a competitive advantage for their organization. It presupposes that there will be a growing need for improved cost efficiencies and economics in the coming years, and this mindset is required if hospitals are to survive competitive pressures. The significance and role of business professionals in health care will continue to evolve and improve over time, and therefore it is mandatory that the skills and expertise of hospital business officers continue to improve.

The framework for this book uses a practical perspective of operations management and attempts to set a path for hospitals to pursue a strategy of operational excellence. Therefore, the problems this book addresses are those that are integrated around operations and logistics management, as displayed in **Figure P1-1**.

This book will help hospital and health care administrators to address important operational and day-to-day issues in this rapidly evolving industry. This book should be used as a reference guide for those

#### xxviii Preface

working in hospital administration, clinic management, performance improvement, and all other areas of management and it serves three purposes:

- 1. Present concepts and techniques about improving daily operations capabilities and capacity in health care.
- Educate students and administrators on the value of clinic and business operations, with a strong focus on analytical models for decision making.
- 3. Help health care organizations improve their performance and outcomes.

It is our hope that this book will stimulate significantly more research and publication on mastering operations research in health care and using advanced techniques to drive improved competitiveness into health care.